

2828

Attorney's Docket No.: 42P14869PatentIn re the Application of: Daiber

(inventor(s))

Application No.: 09/814,464Filed: March 21, 2001For: ERROR SIGNAL GENERATION SYSTEM

(title)

Mail Stop Non-Fee Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

SIR: Transmitted herewith is a Response and Amendment for the above application.

Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is enclosed.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)		SMALL ENTITY			OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amd.		Highest No. Previously Paid For	Present Extra		Rate	Additional Fee		Rate	Additional Fee
Total Claims	* 32	Minus	** 58	0		X9	\$		X18	\$ 0.00
Indep. Claims	* 2	Minus	*** 7	0		X42	\$		X84	\$ 0.00
<div></div>	First Presentation of Multiple Dependent Claim(s)						+140	\$		+280 \$
* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.						Total Add. Fee	\$		Total Add. Fee	\$ 0.00
** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.										
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.										

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on August 28, 2003
Date of Deposit

Luci M. Arevalo

Name of Person Mailing Correspondence

Signature

August 28, 2003

Date

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_____ A check in the amount of \$_____ is attached for presentation of additional claim(s).
_____ Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to
_____ 37 C.F.R. § 1.136(a).

_____ A check for \$_____ is attached for processing fees under 37 C.F.R. § 1.17.

_____ Please charge my Deposit Account No. 02-2666 the amount of \$_____.

A duplicate copy of this sheet is enclosed.

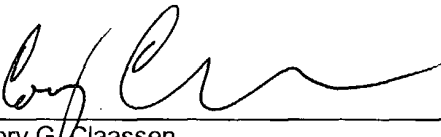
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following fees associated with this communication or credit any overpayment to Deposit Account
No. 02-2666 **(a duplicate copy of this sheet is enclosed):**

X Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of
extra claims.

X Any extension or petition fees under 37 C.F.R. § 1.17.

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

Date: Aug. 28, 2003



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Attorney Docket No.: 42P14869

Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
)
Daiber) Examiner: Scott Jr., Leon
)
Application No.: 09/814,464) Art Unit: 2828
)
Filed: March 21, 2001)
)
For: ERROR SIGNAL GENERATION SYSTEM)
)

Mail Stop Non-Fee Amendment
Commissioner for Patents
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Alexandria, VA 22313-1450

RESPONSE AND AMENDMENT UNDER 37 C.F.R. §§ 1.111 AND 1.121

Sir/Madam:

In response to the Office Action mailed June 4, 2003, Applicants respectfully request the Examiner to enter the following amendments and consider the following remarks.

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